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## DENTAL REPEAT EXAMINATION APPLICATION

HEALTH PROFESSIONS BUREAU  
402 WEST WASHINGTON STREET, ROOM W066  
INDIANAPOLIS, IN 46204

APPLICANT'S NAME: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE/ ZIP CODE \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

NAME OF SCHOOL: \_\_\_\_\_ DATE OF GRADUATION: \_\_\_\_\_

\*\*\*\*\*

Please include 1)a picture for your I. D. badge; 2) a current, signed CPR card. You are still required to have malpractice insurance submitted to IU if you will be seeing patients. **These are pre-requisites, you must have them to be permitted to take the examination. Note: if you are retaking the Prosthetics section only, it is not necessary for you to have malpractice insurance at the examination.** If you are retaking Prosthetics, you must also submit the \$104 fee to Kilgore International before you will be permitted to take the examination.

**Next available examination dates: June 10-12, 2005; and Sept. 31-Oct. 2**

**The deadlines for submission of application are: April 20, 2005, and August 16, 2005.**

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Please list any name you have previously used: \_\_\_\_\_

### PLEASE CHECK ALL SECTIONS YOU WILL BE RETAKING:

**DENTAL LAW** \_\_\_\_\_ The application deadline for retaking the Law only is: **one week prior to exam date**

**PERIODONTAL** \_\_\_\_\_

**RESTORATIVE** \_\_\_\_\_ **PROSTHETICS** \_\_\_\_\_

### Repeat application fees:

**\$150 payable to Health Professions Bureau; \$104 payable by certified check or money order to Kilgore International (mail directly to Kilgore) if you are repeating Prosthetics.**

**PLEASE NOTE: Indiana University School of Dentistry fee is \$200.**

Please turn application over for additional information that must be submitted.

4/4/05

**NOTE:** If your answer is "YES" to any of the following, explain fully in sworn affidavit, including all related details. Describe the event including location, date and disposition. If malpractice, provide name of plaintiff. Falsification of any of the following is grounds for permanent revocation of a license or permit issued pursuant to this application.

1. Has disciplinary action ever been taken regarding any health license, certificate, registration or permit that you hold or have held? Yes \_\_\_\_\_ No \_\_\_\_\_
2. Have you ever been denied a license, certificate, registration or permit to practice dentistry/dental hygiene or any regulated health occupation in any state (including Indiana) or country? **(Note: if your only denial of license was due to failing the licensure examination, you do not mark "yes")** Yes \_\_\_\_\_ No \_\_\_\_\_
3. Are you being treated for drug and alcohol abuse? Yes \_\_\_\_\_ No \_\_\_\_\_
4. Have you ever been convicted of pled guilty or nolo contendere to:
  - A. A violation of any federal, State or local law relating to the use, manufacturing, distribution or dispensing of controlled substances or drug addiction? Yes \_\_\_\_\_ No \_\_\_\_\_
  - B. Any offense, misdemeanor or felony in any state? (except for minor violations of traffic laws resulting in fines) Yes \_\_\_\_\_ No \_\_\_\_\_
5. Have you ever been denied staff membership or privileges in any hospital or health care facility or had such membership or privileges revoked, suspended or subjected to any restriction, probation or other type of discipline or limitations? Yes \_\_\_\_\_ No \_\_\_\_\_
6. Have you ever been admonished, censured, reprimanded or requested to withdraw, resign or retire from any hospital or health care facility in which you have trained, held staff membership or privileges or acted as a consultant? Yes \_\_\_\_\_ No \_\_\_\_\_
7. Have you ever had malpractice judgment against you or settled any malpractice action? Yes \_\_\_\_\_ No \_\_\_\_\_

If this information has been submitted with your original application and has not changed please check here: \_\_\_\_\_

You only need to submit additional information if circumstances have changed since you last submitted an explanation regarding these questions.

**I HEREBY SWEAR OR AFFIRM UNDER PENALTY OF PERJURY THAT THE ABOVE STATEMENTS ARE TRUE, COMPLETE AND CORRECT.**

APPLICANT'S SIGNATURE \_\_\_\_\_

DATE: \_\_\_\_\_